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UNITED STATES ARMY FORCES, PACIFIC
Office of the Chief Surgeon

CIRCULAR LETTER)

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INTERPRETATION AND IMPLEMENTATION OF EVACUATION POLICIES

1. Constantly increasing pressure for the release from the army of AUS medical personnel can be assumed to foreshadow a decreasing provision of hospital beds in overseas theaters; for the same reason, a markedly decreased availability of specialized medical officers may be forecast. Interpretations of evacuation policies in conformity with the decreasing means at our disposal for the treatment of patients overseas become necessary. Increasingly accurate estimates of requirements for hospitalization and evacuation are required.

2. In order to permit more accurate estimates of requirements for hospitalization and evacuation, as well as to take into account decreasing means for hospitalization within the theater, it is desired that the interpretation of evacuation policies governing the return of patients to the United States contained herein be implemented throughout the command.

3. Patients to be evacuated to the United States under a 60-day, 90-day, or 120-day policy will include:

- a. All patients who require treatment for which facilities are not available in the theater.
- b. All patients who will ultimately be separated from the service because of permanent disability.
- c. All patients requiring formidable elective surgery which will entail absence from duty in excess of 60 days.
- d. All neurosurgical patients, including those with peripheral nerve injuries.
- e. All patients with internal derangements of the knee cartilages.
- f. All patients with dermatitis likely to be adversely affected to a serious extent by treatment under local environmental conditions.
- g. All patients with peripheral circulatory disturbances, except varicose veins.

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- h. All patients with malignancies.
- i. All patients with organic disease of the central nervous system.
- j. All psychiatric patients whose return to duty is unlikely within 30 days, excepting psychopathic states who should be disposed of through administrative channels in accordance with the provisions of War Department Circular No. 81, current series.
- k. All patients whose estimated absence from duty will exceed:
 - (1) 60 days under a 60-day evacuation policy
 - (2) 90 days under a 90-day evacuation policy
 - (3) 120 days under a 120-day evacuation policy.
- 4. All hospital commanders will insure that as soon after admission as practicable an estimate will be made of each patient as to the probability that he will require evacuation to the United States under any of the criteria enumerated in paragraph 3 above. Patients likely to require evacuation to the United States who are in a hospital having disposition authority will be considered by the disposition board with the least practicable delay. Such patients in other hospitals will be transferred to a hospital having disposition authority as soon as transportable.
- 5. When decision has been reached by a disposition board that the patient is to be returned to the United States, immediate steps should be taken to insure his prompt evacuation as soon as he can be transported by the means available, without danger to life or of increasing the disability.
- 6. Patients who may be evacuated by air will include:

a. Priority No. 1 - Requiring emergency air evacuation:

- (1) Diseases of such nature that delay in prompt return to the United States will endanger life or jeopardize the chances for recovery. Examples of such conditions are highly malignant tumors and rapidly progressive blood discrasias for which adequate treatment is not available in this theater, and cases of exfoliative dermatitis or exceptionally severe eczematoid dermatitis who have recovered sufficiently to tolerate evacuation by air but not by water to the United States.
- (2) Blindness.
- (3) Facio-maxillary wounds which require early definitive plastic surgery.
- (4) Peripheral nerve injuries requiring early definitive surgical treatment.
- (5) Spinal paralysis.
- (6) Amputations of arms, forearms, thighs and legs.

- (7) Abdominal cases with colostomy.
- (8) Pregnancy in the first month of the third trimester.
- (9) Rapidly progressive fatal diseases if physical condition will permit travel by air.

b. Priority No. 2 - Not requiring emergency air evacuation:

- (1) Disturbed mental patients requiring single room accommodations. Five will be evacuated on each plane as long as there are patients in this classification.
- (2) Class 2 patients. Battle casualties will be given preference over other cases of equal seriousness.
- (3) Female patients. Female patients of all classes will be given preference over males in Classes 3 and 4, as defined in paragraph 17, WD Letter AM 704,11 (3 June 44) (OB-S-ESPMOT-M Subject: "Procedure for Evacuation of Patients by Water or Air From Overseas Command", dated 8 June 1944).
- (4) Patients with skin diseases which require prolonged periods of treatment or which have a tendency to become progressively worse by retention in this theater.
- (5) Patients of any class, as fillers, to load completely all planes allotted for evacuation.

Paul I. Robinson

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for and in the absence of

GUY B. DENIT

Brigadier General, U. S. Army

Chief Surgeon

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